ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES Minutes of Meeting Thursday, April 20, 2006

Call to Order:

Chair Barb Simonsen called the meeting to order at 8:33 a.m.

Welcome and Introductions:

ACEMS Members in Attendance:

Barbara L. Simonsen, Chair

Ron Bowers

John Dickens

Ken Brown, MD

Donald G. Hudson, DO

David Hull

Charles Lean

Steve O'Connor

Karen O'Neill, MD

Soren Threadgill

State Section of Injury Prevention and EMS Staff in Attendance:

Timothy K. Bundy, Section Chief

Kathy McLeron, EMS Unit Manager

Zoann Murphy, Health Planner

Shelley K. Owens, Health Program Manager

Doreen Risley, Public Health Specialist

Brian Zepp, Administrative Clerk

EMS Regional Staff in Attendance:

Ronni Sullivan, Executive Director, Southern Region EMS Council, Inc.

Bobbi Leichty, Executive Director, Southeast Region EMS Council, Inc.

Dan Johnson, Executive Director, Interior Region EMS Council, Inc.

Kyla Hagan, Emergency Services Director, Yukon-Kuskokwim Health Corporation

Aggie Lie, EMS Director, Maniilaq EMS

Dave Potashnick, EMS Regional Coordinator, North Slope Borough Fire Department

Mike Owens, EMS Director, Norton Sound Health Corporation

Terry Stone, EMS Coordinator, Kodiak Area Native Association

Skip Richards, EMS Coordinator, Chugachmiut Corporation

Susan Hecks, EMS Coordinator, Kenai Peninsula

Thomas Gardiner, Bristol Bay Area Health Corporation

Liaison Representative Members in Attendance:

BJ Coopes, MD

Approval of Agenda:

- MOTION: To adopt the agenda for April 20 21, 2006 with the addition of a discussion of Alaska Land Mobile Radio (ALMR) [Hudson/Dickens]
- ACTION: Passed

Approval of Minutes:

- MOTION: To approve the minutes from the Sept. 22-23, 2005 meeting [O'Neill/Hudson]
- ACTION: Passed

Ethical Conduct Reminder (Barb Simonsen, ACEMS Chair)

Barb is the Ethical Officer for ACEMS. She has an Ethics Conduct tape from the Attorney General's office and would like ACEMS members to review it Friday morning.

REPORTS FROM COMMITTEES, TASK FORCES, AND WORKING GROUPS

Executive Committee Report (Barb Simonsen, ACEMS Chair)

The Executive Committee has not met since the last meeting. Correspondence included invitations sent for this meeting to the Governor, Lt. Governor, Commissioner, Director, and Legislators. ACEMS received a letter from the state requesting participation in the evaluation of the capacity and performance of the statewide public health system. Ronni Sullivan participated on April 12, 2006. ACEMS sent a letter to Jeff Tucker welcoming him to the Training Committee as the fire department representative. Barb sent an email to the Public Information and Education (PIE) Committee thanking Skip Richards for his work. ACEMS was invited to attend the federally-sponsored Pandemic Flu Summit in Anchorage. Barb and Ronni attended. ACEMS also received a request from Deb Jilly to attend the statewide injury prevention strategic planning meeting in May. A letter was written to Dr. Mandsager requesting an incremental increase in funding for all Regions.

IPEMS Section Report (Tim Bundy, Section Chief, IPEMS)

Staff is concentrating on budget areas. There is a need to raise awareness of EMS and to find funding for EMS issues and concerns. The Section has approximately 30 programs including Code Blue, legislation, and the EMS regulations project. The barrier crimes section is being looked at, particularly the conviction set-aside and suspended imposition of sentence issues. The certification database is outdated and there are ongoing problems with the online system; the Section is working with IT to revise the system.

Pandemic flu – Alaska does not have coverage of physicians and nurses as they do Outside. In the event of a pandemic, Alaska will have to rely on experience and training at the local levels. IPEMS is working with the Training Committee and Regional Directors and Coordinators on issues to enhance training opportunities for EMTs, particularly infection control. Traditional public health care involves vaccines, anti-virals, etc. These will not be available for Alaska in a pandemic due to the time involved in creating the anti-virals (such as Tamiflu) and distribution issues. We need to encourage yearly flu vaccinations for the public and EMS providers. In Alaska, EMS is the only health care system that covers all of Alaska; we will have to work out various lines of communications and determine what resources will be needed during a pandemic. This is different from other types of mass casualty events; outside resources can be brought in during a mass casualty event, but during a pandemic, all communities are affected and all resources are overwhelmed. Alaska can expect 30% of population to be affected by pandemic flu. EMS providers will also be affected. Continuing of operations plans (COOP) are needed for reduced staff levels and surge capacity. Training, supplies, education, communication needs all have to be documented.

Prehospitalization data collection and reporting: this is a major project Shelley and Martha are working on. The goal is to capture all data including runs that do not end in the hospital and combine that with discharge data to follow-through with patient outcomes which will give a complete picture of EMS in Alaska.

Other projects include Help Along the Way and Basic Medical Resources, both of which have been sent out this year and monitoring communications and ALMR: we don't want to lose the communications that we have. We will write a letter to the ALMR Council to voice concerns about costs and back-up systems. A service level agreement from ALMR was received which did not address costs and EMS issues. Off-road communities are not included. Unorganized areas don't qualify for funding; even some areas on the highway system.

Injury prevention grants are expiring but we are looking for additional grants to fill in. The AED grant is in progress. The smoke alarm grant is getting cut back. National Violent Death Reporting System is hoping to expand. We are planning to partner with Behavioral Health on substance abuse issues. It will be harder, more competitive to get federal money. It is more important to get money out to the Regions than our office at this time.

ACS/ANHS Liaison Member Report (Frank Sacco, MD)

Training: ATLS training is more available instate than it has ever been. The goal is five courses a year. ATLS instructors were funded by HRSA grant. The Rural Trauma team development course in Soldotna got good feedback and the goal is to continue to put those rural courses on for the small communities.

Trauma system development: ANMC is the only Level 2 trauma center. There are Level 4 centers in Norton Sound and Yukon-Kuskokwim. Dillingham is in the review process. Mt. Edgecombe and Sitka are working on Level 4 status. Ketchikan is being reviewed this fall; Mat-Su Valley is looking at Level 3 status. Mark Johnson and Frank Sacco wrote an article in January that was picked up nationally. National Foundation for Trauma Care is now looking at Alaska and volunteered to assist Alaska with legislation for the trauma care system. Contact has been made with legislators (Senator Olson) and there is interest in pursuing this next Session.

EMS Program Report (Kathy McLeron, EMS Unit Manager, IPEMS)

The office is looking at the certification process. Kathy described application defects and delays in certification process. Instructors and certifying officers need additional instruction on the certification process. She described the difficulty with the certification database and plans for new system. There is a new Bioterrorism course for EMS providers which will be sent to every certified EMS agency and first responder service in Alaska. The Medevac Course Manual is expected to be distributed next month. The National Scope of Practice final draft was released in August 2005. Computer based testing: NREMT will not be giving paper/pencil exams after 1/1/07. Barrier crimes: the crime list has not changed. There has been a recent court case about the "conviction set-aside" issue; when a conviction is set-aside, persons can be credentialed as EMT unless it is a sexual crime. A conviction set-aside is still a conviction and notice is the initial application is required. Regulations project: EMS office is reviewing the regulations for revision. Ideas will be solicited through IPEMS or regional offices; there will be a public comment period.

Lt. Governor's Visit (Loren Leman, Lt. Governor)

Barb welcomed and thanked the Lt. Governor for his support of EMS. Lt. Gov. Leman thanked ACEMS for their work and the volunteers and responders in the local areas who do good work. We can leverage a little bit of money into a great result in Alaska EMS. Lt. Gov. Leman

discussed the pandemic flu threat and the state website which has up-to-date information and links to information on protecting and planning. ALMR is trying to coordinate all to improve communications within the next three years to have a better system and the need to have EMS involvement in the process. The issue of the deployment of National Guardsman from rural Alaska and the impact on rural EMS has been discussed with the National Guard.

Pandemic Flu Report (Richard Mandsager, MD, Director, DPH)

Dr. Mandsager provided a handout on pandemic flu and said that awareness and EMS community participation need to be improved. There is an effort to pre-position supplies such as personal protective equipment for EMS into hub communities. Websites with information include: www.pandemicflu.gov How does EMS prepare for a system shutdown? What is the training for EMS workers to prepare? Tim: there will be a meeting on May 2 and 3. How do we use the EMS community in the future? Will they help with mass vaccination is a question for the Training Committee? Might be part of an expanded scope of practice. Community health aid clinics also need training and issues of scope of practice; not only diagnoses but also care of sick people. The healthcare provider will be a point of community education. Quarantine is declared by medical officers employed by the Division of Public Health. Will communities try to protect themselves by doing their own quarantine? Alaska can't depend on Outside assistance either at the state or the national level. How to interface with ANTHC and other healthcare providers? There is a definite need for a public health communications line. Risk communication will be a part of future EMS training.

Southeast EMS Region Report (Bobbi Leichty, SEREMS)

Training Coordinator, Rob Janik, left for Sitka Fire Dept.. Thanks to him for his eight years of experience. Korie Holmes and Gregory Wong are also leaving. They have hired Emily Reilly as the new administrative assistant. SEREMS is again doing data collection after a four month gap. The Regional Directors did EMS Day at the Legislature and provided education for legislators on EMS issues. The spring Code Blue meeting went well. SEARHC EMS has started a first responder group with high school kids in Sitka. They want to expand the program to Prince of Wales Island. Mike Motti wants it across the state. Dave Hull and the Fire Chiefs Association were active in educating lawmakers on the EMS budget increment increase. SEREMS is writing its own Alaska-specific textbook for EMT classes, similar to the ETT book. An RFP will go out in the summer. Symposium was in Ketchikan this year. Next year it will be back in Sitka on March 16 and 17 with the theme of Extremes of Age with an infectious disease focus.

PANDEMIC FLU PLANNING SESSION

State EMS Planning and the Role of EMS (Tim Bundy, Section Chief, IPEMS)
EMS covers all of Alaska and the local health provider is often the EMS person. Concentrate on protecting the healthcare provider, including education about infection control and communicable diseases and vaccination for the regular flu. "Be prepared, not scared" is the message. There is an upcoming work session on May 2, at the Frontier Building. We need to work with the Regions, community health aides and in Anchorage, with the public health nurses. We are looking for grants to develop the training materials including a Train the Trainer program for the instructors and discussion on how to get materials out to communities. There must be a consistent public health message and a consistent public health network of communication to

monitor issues and needs from regions. Supplies: what is needed by the EMS providers and communities? PPE and oxygen and other supplies to take care of sick people. What if disposable items are not available? We have to be prepared to communicate in all areas of what the expectations are of the public of the EMS/healthcare providers. Will it be a core public health function? Will this carry over beyond pandemic flu to other events? How to distribute supplies without increasing chance of transmission? How will stockpiles be distributed? What about communities without EMS? Will have to identify those communities and work out ways to reach them during the May planning session.

Influenza Epidemiology (Jay Butler, MD, DPH-Epidemiology)

Dr. Butler made a Powerpoint presentation about the epidemiology of influenza and gave phone contacts as follows:

Human issues: 1-888-9panflu (888-972-6358) Anchorage 334-2292

Animal issues: 1-866-527-3358 (866-5BRDFLU)

State Symposium Planning (Doreen Risley, IPEMS)

Doreen discussed the dates, and speaker status for the fall Symposium.

EMS for Children (Doreen Risley, IPEMS)

Doreen discussed the grants and a future strategic planning session, Code Blue (phase VI), the Rural AED grant, communications, and trauma system development.

Alaska Land Mobile Radio (Dave Hull, ACEMS)

The new ALMR system may not be able to be maintained and may not even work. There is the possibility of losing the current system when the new system comes online. Two repeaters were received in Ketchikan for ambulance dispatch. When the system broke down, no one was available in town to provide technical assistance or parts.

Charlie Lean: Nome had a similar experience to Southeast with Homeland Security grants for its radios. Norton Sound has been working with three different vendors to implement system but it is still not working. They will have to return grant money because they can't make the system work. Digital narrow band requirement is cost-prohibitive. They won't be able to talk on the statewide disaster frequency due to use of wide band radios as opposed to the more expensive narrow band system. They are still not able to talk to the state troopers. They won't get grant moneys to get repeaters or radios or dispatch centers.

Dan Johnson: Interior is working with the statewide system. Communication is poor with ALMR, and he understands that troopers are switching over in May. He could coordinate communications with prior system but not with the new system. They have an ALMR radio, but no one knows how to program it. Tok EMS is dispatched by troopers, but no coordination, training, or communication was done between troopers and EMS in Tok. These radios are more expensive than old radios and they need more radios to replace the old ones. Code Blue can't cover these costs that are 5 – 10 times more expensive; old radio: \$800, new ALMR radio: \$2000. There has been no advice given on types of radios needed for the ALMR system. There is some Homeland Security money available, but communities are not able to get it or are unaware about moneys available. Continuing operation costs are not known or not discussed.

Ronni Sullivan: SREMSC experience has been similar. ALMR has coordinated with larger municipalities and boroughs but unincorporated areas, or small areas on highway system, have not been contacted. ALMR keeps saying that grants are available, but not all areas are eligible for grants, especially not smaller systems. Code Blue requests are coming in at different levels of acuity; there is a huge request for radios with money being requested both for new radios and for old system. No information is forthcoming on these issues.

Mike Owens: public safety is going to have to switch to new band. FCC is saying that all public safety communications have to move in 2009 or 2010; then all radios will have to be upgraded or replaced.

Ron Bowers and Thomas Gardiner: No word from Dillingham. The last information was that radios and equipment would be upgraded. But they are not on the system yet.

Kyla Hagan: there will be an upgrade to the system in Bethel but there is no word on when. . ALMR will not be in Bethel in foreseeable system.

Bobbi Leichty: Prince of Wales Island will be the start of ALMR in Southeast. They will need repeaters every 15 miles. Small communities work with the Forest Service to connect to other systems. EMS will not be able to maintain the old system which will be shut off. AMLR can't page & marine radios are not compatible with system. Can't afford the money required.

Discussion of issue including aircraft and marine radio compatibility; old system is not sustainable; repeaters; frequency conflicts cost of new radios; ALMR system does not allow for paging; state is fragmented into systems that may be able to use ALMR and other areas that are not in the ALMR plan. EMS has not been part of the system for statewide communication. EMS has not been allowed to have input on the ALMR plan. Communication is a baseline for all pandemic planning. Where is money available for radios and other needs? Communities in regions do not have radio systems; how does the rest of the state communicate with those communities?

Recess 5:15pm

ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES Minutes of Meeting Friday, April 21, 2006

Call to Order: 8:30 am

REGIONAL EMS REPORTS

Interior Region EMS (Dan Johnson)

Code Blue continues to be a significant activity in office. IREMS is a stable organization and has stable core activities. ALMR issues: In the past IREMS was able to provide technical assistance to squads with communications issues. Transitioned to a new repeater along the highway system and understood what frequencies were needed for programming radios to maintain communications. With the ALMR system, it is beyond the capacity of IREMS to provide that assistance. IREMS has been working on a budget increment increase. They have been flat funded since 1991 and have dropped programs and staff because of lack of funding. Facility expenses are increasing and landlord is selling the building, which means they are expecting a large rental increase. They are trying to purchase a building for a permanent space. Thanks to Tim and Andrew and facilities manager for expediting approval for the building purchase from the Department. Training activities is the core mission and there were 100 people at the Symposium in April. Next year's Symposium will be April 11-14, 2007.

Grants to Regions Process/Timelines (Tim Bundy, Section Chief, IPEMS)

All four of the major Region's grants' paperwork is complete for the year. The other three grants' paperwork has not been received from grants and contracts yet. The EMS Office has sped up the process as much as possible.

Southern Region EMS (Ronni Sullivan)

SREMS includes subregions not just the central office and manages eight separate grant programs within those subregions. Training and site visits were made to over 90 communities in the first quarter of grant year. Symposium went very well and planning is underway for next year. It has been a busy year for testing: last year, there were 500 exams processed; this year so far there have been 950 written exams processed. SREMS is developing a bioterrorism curriculum and pilot testing was done last week. Grant development is being done, especially Code Blue; they got a small grant from the state this year to do injury prevention/bioterrorism for Symposium. AHA rollouts and textbooks are impacting the system. Phase V of the Code Blue project is almost complete and needs assessment is being done for Phase VI. The Technical Assistance Team visit to Cordova went very well. A TAT is an overall system evaluation that can be used with local government; also helps with internal issues. These visits take lots of time, but are a very valuable process for community. The visit was funded with Rural Hospital Flexibility Program funding. Pandemic flu planning is a recent work load addition. New initiatives tend to be overwhelming; but the underlying business of the Region still continues. Ronni has plans for a budget increase to include projects and programs already in budget planning. The grant has not paid staffing, rent, postage, costs, etc. in past. Increment will help there. SREMS celebrated its 30th anniversary and has been flat funded for half of that time.

North Slope Borough (Dave Potashnick)

EMS is still in the Borough budget; they were able to partner with the health department to hire a new trainer for ETT and CPR/first aid training. There are ETT courses, refresher courses, and a paramedic refresher class this quarter. There is an EMT Instructor course planned for May. Every eligible employee will be certified as an instructor and this will increase the availability of courses. The Borough is buying uniforms and coats, and doing pay per call to increase volunteers. Search and Rescue activities continue and a new helicopter was purchased. Call volume is increasing; particularly Anchorage trips. Borough is looking at evaluating medevac calls for need since there is no charge for medevacs. The Borough may begin charging for ambulance calls which may also act as a disincentive for unnecessary ambulance calls.

Maniilaq Association EMS (Aggie Jack)

There is an EMT Instructor class scheduled for October. Code Blue program is on track. In December, Aggie attended a mass dispensing seminar with information on stockpiling meds. Had TB tests in high school (400 attended); EMTs were involved in the TB testing. The ETT in the high school program has 13 students. Maniilaq is teaching ETT classes for CHAPs. EMT class is also being taught currently. Maniilaq will be fully staffed with six paramedics. EMS Week in May is the Region's big event and EMS awards are presented then. She submitted the regional grant, and the grant amount has been the same for 15 years. They have a contract with Guardian for medevacs, and the numbers are still high. In 2003, there were 103 medevacs; in 2004, 300; in 2005, 447; in 2006 they are expecting over 500. The increase in medevacs may be due to dedicated medevac system; physicians are using that service rather than commercial airlines. Insurance is billed for medevacs; brings in a lot of funds and pays for itself. They have P25 compatible radios to purchase in Code Blue Phase V but will be discouraging purchase of ALMR radios until they know more of the status. They had an avian flu drill at the high school there are now PSAs on bird flu for hunters in the area.

Norton Sound EMS (Mike Owens)

Village training is going on with the Health Aide program trying to keep them certified as EMT-I or II. The usual courses are still being taught. The AED issue still needs to be determined – early AEDs distributed are now obsolete – can't be reprogrammed for new AHA guidelines. Air ambulance run numbers are down 10-15% from last year. Norton Sound does charge for medevacs, which operates under a contract with Bering Air. The Code Blue project is significant in terms of time impact on Regional office staff. There are still ALMR frustrations. Norton Sound will share information received from the ALMR study with ACEMS and the other regions. This study is supposed to look at the entire region communication system and recommend upgrades.

Yukon-Kuskokwim Health Corporation EMS (Kyla Hagan)

Kyla presented a Powerpoint presentation of activities in the Region.

EMS Training Committee Report (Mike Branum, IPEMS)

Pandemic flu training program are in place for communities and responders. The EMS database software is old, but is working again for now. Fairbanks North Star Borough is working on a Hazmat Medical Responder training course to apply for additional medications and procedures. It may be offered as a certificate program. Training Committee and the EMS Office are working

on the regulations review, particularly the curricula and skills sheets revisions. Mat-Su College and Texas are developing an EMT distance delivery system which will be brought to the Training Committee next week. An update on the program will be given to ACEMS at the fall meeting. IPEMS has a webpage dedicated to CME guidelines.

PI&E Committee Report (Dave Hull, Chair)

Thanks to Skip Richards for his work as Chair of the PI&E. There was an EMS Leadership class, designed by Mike Motti, held in Ketchikan. There are some additional things to be put into the course, but the evaluations said that it was a good and necessary class.

MOTION: EMS Survey will be repeated in FY2007. The survey will be sent out with the recertification applications. [Brown/Hull]

ACTION: Passed

MOTION: before the survey results are distributed it will be reviewed by ACEMS in the Fall

2007 meeting. [Hull/Brown]

ACTION: Passed

MOTION: Accept PIE report as presented [O'Connor/Threadgill]

ACTION: Passed

Legislative Update (Shelley Owens, IPEMS)

The second half of the legislative session has been quiet. HB12 (TV in motor vehicles), passed the House.HB31 (Workers' Compensation for occupational diseases) passed the House. HB343, (Harassment by bodily fluids), includes EMS and has passed the House. HB412 (Waiver of school expenses) has been amended by Rep. Ramras to include EMS. HB413 (Cigarette fire safety) is still in the House. HB442 (Advanced healthcare directives) passed the House and is in the Senate. Shelley is grateful for support provided on amending HB442.

Injury Prevention Report (Karen Lawfer, IPEMS)

May 18-19, 2006 there is an Injury Prevention State Strategic Planning meeting in Anchorage. They are looking for a 3 or 5 year plan. IPEMS has notified partner agencies of the meeting. They will be looking for resources for all injury prevention activities. Information about the meeting is online, including registration. Information from the registration questionnaire will help determine agenda. Injury Prevention used to be included in CPR/first aid classes, but the American Heart Association has gone away from that. Can ACEMS do anything to take the injury prevention burden off of the EMS regional offices? Issue will be addressed in planning process.

Rural Health and Health Planning Update (Pat Carr, HP and SD Office)

Barb thanked Pat for funding from Rural Health and for being a friend to EMS. Her Section has a new name: Health Planning and System Development. Still covers the Rural Hospital Flexibility Program. There is a state planning grant from HRSA for one year to document the needs of Alaska's uninsured. The Certificate of Need program had a regulations rewrite done for the first time in 20 years. The Systems Development team coordinates statewide planning for the entire department. There is a new comprehensive integrated mental health plan to be released in May; data is available on their website. The Primary Care office works on the Community

Health Aide training and supervision grant program. There is a physician supply task force that has funding from the university. This small task force had six months to document the need of physicians in state; they are identifying strategies/ recommendations for policy and the report should be done by June. Though there is a shift in the Denali Commission health program, primary care is continuing. The office is discussing the Rural Hospital Flex Program funding given to EMS. The office of Rural Health Policy is still attentive to EMS needs. There is a National Rural Health Association Conference in Anchorage in May 2007. Alaska EMS should be represented at that conference and is on agenda. Legislation to get rid of Certificate of Need in large communities was heard in House HESS but will be held in committee.

Regional Directors and Coordinators Report (Sue Hecks, Chair)

Officers: Sue Hecks, Chair; Dave Potashnick, Vice Chair; Skip Richards, Secretary. RD&C heard from IPEMS on items including the prehospital data collection project and certification barrier crimes & there was discussion of the budget increment increase. EMS management training is a key component to success of EMS, especially in small services. Mike Motti developed a management training program and will bring it to the fall RD&C meeting. RD&C wants to take the program to the Training Committee to get CME for course. Recruitment and retention needs to start at a young age, whether through CPR/first aid classes, or other types of involvement. Sitka has been successful with their youth training program; other youth programs are showing that this is a success. Travel for EMS Award recipients was discussed as an unanticipated/unbudgeted expense for regions. Concerns were expressed about low numbers of certifying officers and high numbers of exam sites especially in Southern Region. There was discussion of the FEMA/NIMS training requirements. EMS Day at the Legislature is a very effective program. ALMR: a subcommittee was formed to draft a letter identifying concerns to be addressed to the ALMR Council, IPEMS, and the Governor's office. Issues: EMS no longer has direct representation on the Council, impacts on communication continuity and comparability within state, cost for subscribership, funding needs outside of Code Blue program, interagency operability, system training for EMS managers, maintenance of legacy system.

Alaska Trauma Registry Report (Martha Moore, IPEMS)

The Trauma System Review Committee has set goals for data collection for the Trauma Registry: every hospital will have an on-site registrar; will pay for its own data collection; will do its own data entry and submit the data electronically. The 2005 data is half turned in. Three hospitals are designated trauma centers. Eight hospitals have trauma registry software. There are timelines for submission of data. Data is given to the American College of Surgeons as part of the National Trauma databank. There is a powerpoint presentation on Trauma in Alaska put together by Martha and Jeanne Molitor which will be put on the IPEMS website for all to use. The prehospital report is done. It contains a summary of each trauma patient, diagnosis and outcome information for EMS, ambulance scene time greater than 20 minutes, presence/absence of the ambulance report. It will be given to medical directors. Martha is retiring May 30, 2006.

State EMS Medical Director's Report (Ken Zafren, MD)

The State EMS office and Dr. Zafren continue to be resources for medical directors across the state. The clinical track at the November Symposium was a great success. Highlights included: toxicology topics; stroke evaluation and management; acetaminophen; and pediatric transport cases. The medical director meeting was well-attended; Dr. Zafren wants to do another medical

director course next year. Cold Injury Guidelines latest version is online. There are ongoing questions about core temperature monitoring. Dr. Zafren described various probes. There is a Rural AED program meeting in Juneau. Pandemic flu is an upcoming topic; he will be at the May meeting. He is working with the EMSC group - children who can be cared for in Alaska should be cared for in Alaska.

Medical Director Role with Narcotics (Don Hudson, DO)

Don spoke with the DEA to ask them about medical directors in small rural EMS settings who have been using their own DEA numbers to write narcotic prescriptions for use on the rigs or for supply. In a year, DEA will be doing reviews of small ambulance services. If the medical directors are found doing this, there will be a \$10,000 fine and loss of their MD license. There is a free DEA number for ambulance services available on their website. How can ACEMS inform all the state medical directors about this issue? Ken Zafren has contact information for all the medical directors. Don and Ken will write the letter and state staff will distribute. Pharmacies are supplying clinics or the clinics are under a Healthcare Corporation medical director. EMS systems would be affected if EMS is provided through clinics. The contact person at DEA is Terry Marquart; his phone number is 271-2634 in Anchorage.

ALMR Discussion (Barb Simonsen, ACEMS Chair)

ACEMS will send a letter addressed to Matt Leveque (Chair of Users Council) cc: Ken Jones, Jim Stout, Craig Campbell, Governor, Lt. Governor, Commissioner Jackson.

MOTION: Barb to draft letter with Tim's assistance and send to those previously addressed.

[Threadgill/O'Neill]

ACTION: Passed

The letter will be sent to ACEMS members prior to distribution. The Talking Points newsletter will be forwarded to the ak-ems list server and the Regional Directors will communicate ALMR information to the services in their regions.

NEW BUSINESS

Membership Status and Election of Officers (Barb Simonsen, ACEMS Chair) Cindy Cashen is the new Highway Safety Office Liaison. Charlie and Barb's positions on ACEMS ended November 2005. Both have reapplied. The EMS Provider position is still open. The Emergency Physician position (Don Hudson) expires in November 2006.

MOTION: ACEMS supports Don Hudson's reappointment to ACEMS in the Emergency

Physician position. [Hull/Bowers]

ACTION: Passed

MOTION: ACEMS will write letters to Boards and Commissions supporting Barb Simonsen,

Charlie Lean, and Don Hudson continuing on the Council. [Hull/Threadgill]

ACTION: Passed

MOTION: ACEMS supports Karen O'Neill's reappointment to ACEMS. [Hull/Hudson]

ACTION: Passed

MOTION: The Bylaws Committee is tasked with polling ACEMS members and bringing forward a slate of nominees for the officer positions at the Fall 2006 meeting [O'Connor/Hull] ACTION: Passed

MOTION: Ron Bowers will replace Dave Hull on the Bylaws Committee [Hull/Dickens]. ACTION: Passed

Appointments to Task Forces and Committees (Barb Simonsen, ACEMS Chair) None.

ACEMS Awards Process (Barb Simonsen, ACEMS Chair)

Barb discussed the role of ACEMS nominations for EMS Awards with the Attorney General's office. They advised her that ACEMS members should not make nominations for an award. A member may write a letter of support for a nominee, but then must recuse him or herself from discussion and voting for that award.

MOTION: ACEMS members may not nominate candidates for any award. ACEMS members may write a letter of support for a candidate, but must recuse themselves from the discussion and from the vote. [Hull/Dickens]

ACTION: Passed.

A list of Award nominees goes to the Regions to make sure that people nominated are of good standing and that information is factual. The Regions are notified of all nominations and sent the nomination forms for nominees within their Region. Shelley screens all nominations to ensure the nominee meets the award criteria and contact Regions for input.

MOTION: A name and category summary will be sent to all Regions; a copy of the application paperwork will be sent to the appropriate Region. [Hull/Threadgill]

ACTION: Passed

MOTION: No late applications will be reviewed by ACEMS [Hull/O'Connor] ACTION: Passed

It is acceptable to not make an award in every category every year. Dave and Shelley will review the criteria and definition for the Special Commendation award. Ronni discussed the financial impact of the Symposium on SREMS and the other Regions. Historically, there has been no funding to bring award winners to town. The process is: when award winners announced, Regions find out if the recipient is already coming to town. If the award winner was not planning to attend but wants to, SREMS asks the Region to find a funding source for the ticket (i.e. airline donation). If there is no other way to bring the winner to Symposium, the Regions pay the airfare. It has become a non-funded budget item for Regions since now it is harder to get donated airfare. There was discussion about having the Symposium pay for the travel for award winners if no other method of payment available by budgeting \$5000 into an "award winners" travel line item. This would cover airfare and hotel and the banquet ticket. Ronni asks that ACEMS consider raising prices at Symposium by \$10 per person across all levels. For Special

Commendations, there would not be travel as part of the award; if they come to Symposium, a banquet ticket would be provided.

MOTION: To allow Southern Region a \$10 increase across all levels for the 2006 Symposium fee. Fee revenue will be used for travel expenses for award recipients. Additional money made would support SREMS project funds. This fee increase will be reevaluated in 2007.

[Hudson/Bowers] ACTION: Passed

Consensus was reached that one person will represent a group that receives a group EMS Award and travel will be paid for that one person.

ACTION ITEMS

MOTION: Write a letter of support to Senator Olson, cc: Commissioner Jackson, to support an inclusive state trauma system [Hudson/Hull] ACTION: Passed.

MOTION: Write a letter to Dr. Mandsager and Dr. Jay Butler thanking them for their overview of pandemic flu planning [Hull /Bowers] ACTION: Passed.

MOTION: Ask the State office to investigate what is required to bring all state-purchased AEDs into compliance with the new American Heart Association guidelines. [Hull/O'Neill] ACTION: passed

MOTION: Write a letter of thanks to Skip Richards for his years of work as the Public Information and Education Committee Chair. [Hull/O'Neill] ACTION: Passed

MOTION: Write a letter of thanks to Representative Ramras thanking him for his support of the school tuition waiver bill. [Hull/Bowers]

ACTION: Passed

MOTION: Write a letter of thanks to Representative Bruce Wehyrauch for his support of the amendment to the Advanced Directive bill [O'Neill/Hull]

ACTION: Passed

MOTION: Barb Simonsen or her designated representative will attend the Injury Prevention strategic planning meeting May 18-19, 2006 [Hull/Threadgill] ACTION: Passed

MOTION: Don Hudson will attend the Town Hall discussion documenting needs of the uninsured on May 1, 2006 [O'Connor/Hull]

ACTION: Passed

MOTION: Write a letter of thanks to Martha Moore for all of her expert assistance and work with the Trauma Registry [Bowers/O'Connor]

ACTION: Passed

MOTION: Write letter of support to Representative Reggie Joule on HB 413 cigarette safety bill

[Hull/Bowers]

ACTION: Passed

MOTION: Write letter of thanks to Lt. Governor Leman for attending ACEMS meeting

[O'Connor/Bowers]

ACTION: Passed

Tim gave an update on his discussion with Matt Leveque, Chair of the ALMR User Council. The User Council has only been operating since February. There are three regions: northern region, central region, and southern region, and the regions are to communicate through those representatives. Jeff Tucker is the alternate from Fairbanks; Jack Krill is alternate from central region. The User Council is still looking for someone from the southern region for a local government representative. Tim suggests Dave Hull contact Matt Leveque and express his interest in serving on the User Council.

MOTION: Redo the ALMR letter to address points shown below. [Hull/O'Neill] ACTION: Passed

The letter will be addressed to Jim Stout with cc: to Major Leveque (Chair of Users Council), Ken Jones, Craig Campbell, Governor Murkowski, Lt. Governor Leman, Commissioner Jackson, Tim Bundy, and include the following points:

- EMS has no voice at the ALMR table. Attempts at communication have been unsuccessful
 and information is not being given to the people who need it. ALMR is working with large
 boroughs, but not small services. EMS wants to be represented on the ALMR User Council
 to facilitate communications with all levels of services throughout the state (Tim Bundy or
 his delegate as representative);
- Extreme costs and limited grant funds make it difficult for small services to apply. EMS
 needs clearly written cost projections with dollar amounts. EMS needs to know who is
 responsible for costs specifically: radios, subscriber fees, system maintenance;
- System is being implemented without adequate communication of dates; (incorporated with #1 and #5)
- There are no technical resources to assist EMS providers on product needs, reprogramming needs, training for user sustainability, and maintenance. There is a lack of sustained technical support for planning;
- ALMR does not support the current paging system used by EMS and Fire. A parallel system will have to be maintained. The repeater system is separate from legacy system some areas have own repeater system; (combined with #7)
- The Legacy system is currently used for analog system radio and pagers. A plan for continuing paging system is not included in ALMR. The Legacy system is deteriorating. How long before the transition into the ALMR system? Who will be maintaining pager

systems? How long and by whom will it be maintained? What about frequency conflicts and communications interoperability?

 ALMR is currently intended for the road system only. When and will it be moved to nonroad areas? EMS is concerned that there has been no update on when the off-road ALMR

will be implemented;

• There is a misconception that the P25 radio is not compatible with ALMR. Currently there is no way to determine if accurate information is reaching the services; (included in #1) The letter will include an invitation to the fall ACEMS meeting to give EMS an update on the project;

• A statewide survey of communication needs was started but not completed and now individual regions are doing it themselves (Norton Sound). There is a need to update the statewide EMS plan from 1997. ACEMS is asking for ALMR to share the current statewide plan (included in #8). Is this plan moving forward in a safe manner?

Barb will get the Executive Committee together if this becomes an ACEMS issue.

<u>Dates for next meeting</u> The Fall meeting will be held in Anchorage at the SREMSC office. ACEMS: September 21-22, 2006; Regional Directors and Coordinators and Committee meetings: September 19-20, 2006.

Adjournment: 5:22 pm